

Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 23, 2008

Leslie Tremaine, Ed.D., Director Santa Cruz County Mental Health and Substance Abuse Services 1400 Emeline Avenue, Bldg. K Santa Cruz, CA 95060

Dear Dr. Tremaine:

### **AUDIT REPORT -- SANTA CRUZ COUNTY MENTAL HEALTH SERVICES**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Santa Cruz County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

### **Net Program Costs**

	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$11,321,949	\$11,025,497	\$ (296,452)
Federal Share of Healthy Families	\$ 236,657	\$ 183,764	\$ (52,893)
State General Funds EPSDT Due State	\$ 2,219,280	\$ 2,045,654	\$ (173,626)

Leslie Tremaine, Ed.D., Director January 23, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

WALTER J. HILL, JR., MBA, EA

TONY GAAN, Supervisor

**Chief of Audits** 

Audits - Bay & Central Region

**Enclosures** 

**CERTIFIED MAIL** 

### SCHEDULE 1

# SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

			As Settled		Audit Adjustments	As Audited
ET REIMBURSABLE MEDI-CAL		_				
PROGRAM COSTS						
COUNTY PROVIDERS						
MEDI-CAL - FFP	(Sch. 2a)	\$	6,806,865	\$	185,730 \$	6,992,595
HEALTHY FAMILIES - FFP	(Sch. 2a)		173,722	_	(45,066)	128,656
TOTAL FFP - COUNTY PROIVERS		s <u> </u>	6,980,587	\$_	140,664 \$	7,121,251
CONTRACT PROVIDERS						
MEDI-CAL - FFP	(Sch. 3b)	\$	4,515,084	\$	(482,182) \$	4,032,902
HEALTHY FAMILIES - FFP	(Sch. 3b)	_	62,935		(7,827)	55,108
TOTAL FFP - COUNTY PROIVERS		\$	4,578,019	<b>s</b> _	(490,009) \$	4,088,010
TOTAL FFP - COUNTY PLUS CONTRACT I	PROVIDERS					
MEDI-CAL - FFP	<del></del> _	\$	11,321,949	\$	(296,452) \$	11,025,497
HEALTHY FAMILIES - FFP			236,657		(52,893)	183,764
TOTAL FFP - COUNTY PLUS CONTRACT I	PROIVERS	\$ _	11,558,606	s_	(349,345) \$	11,209,261
MMARY OF STATE GENERAL FUNDS						
EPSDT - SGF	(Sch 4)	\$	2,219,280	\$	(173,626) \$	2,045,654

# SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

### COUNTY OPERATED FEDERAL

COU	NII OPERATED FEDERAL					Audit		
				As Settled		Adjustments		As Audited
<u>Total</u>	Medi-Cal Gross Reimbursement		_		_		_	
1. 1	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2. (	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		10,059,840		18,253		10,078,093
3. E	Enhanced SD/MC (Children) - VP	(MH1968, Ln 16, 16A)		0		0		0
4. E	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		3,433		(1)		3,432
5. E	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6. I	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. H	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8. I	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		242,295		(71,360)		170,935
9. T	Total		\$_	10,305,568	5_	(53,108)	\$ _	10,252,460
					_			
	Patient & Other Payor Revenues							
	npatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$		\$		\$	0
	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		83,791		(0)		83,791
	Enhanced SD/MC (Children)-VP	(MH 1968, Ln 29)		0		0		0
	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. E	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. E	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. F	Healthy-Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. F	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	_	0	_	0	_	0
18. T	Total .		\$	83,791	<b>\$</b>	(0)	\$_	83,791
Medi-	-Cal Net Reimbursement for Direct Services							
	npatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	ę	0
	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 · Ln 11,13)	J	9,979,482	5	18,253	3	9,997,735
	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0,373,462		0		9,997,733
	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0.
	Healthy Families-O/P	(Ln 8 - Ln 17)		242,295		(71,360)		170,935
25. T	•	(Lilo-Lili/)	<u>s</u> –	10,221,777	<u>s</u> —	(53,107)	• –	10,168,670
±3. I	lotai		³=	10,221,777	<b>"</b> =	(33,107)	•	10,168,670
Medi-	Cal MAA Reimbursement							
26. Se	ervice Functions 01-09	(MH1979, Ln 11, Col. A)	\$	54,613	\$	0	\$	54,613
27. Se	ervice Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		39,101		0		39,101
28. Se	ervice Functions 21-19	(MH1979, Ln 13, Col. A)		0		0		0
29. To	otal		s <sup>-</sup>	93,714	s —	0	s _	93,714
			_	<del></del>	_		-	

# SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
		_	As Settled	_	Adjustments	_	As Audited
Amount Negotiated Rates Exceed Cost							
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0		0_	_	0
36. Total		\$ <sub>=</sub>	0	<b>\$</b> =	0	\$ =	
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	2,963,224	\$	(137,897)	\$	2,825,327
38. Medi-Cal Administration	(MH 1979, Ln 5)	s	2,120,290	\$	460,702	5	2,580,992
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	2,120,290	\$	460,702	\$ <u>_</u>	2,580,992
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lim	it (MH1979, Ln 8)	\$	33,871	S	(7,136)	\$	26,735
41. Healthy Families Administration	(MH1979, Ln 9)	s -	24,600	\$	35,967	_	60,567
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	s <u> </u>	24,600	\$_	2,135	_	26,735
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	739,641	\$	(216,423)	\$	523,218
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	=	7,312	=	216,423	=	223,735
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	5,139,239	•	9,485	•	5,148,724
46. Enhanced (Children)	(MH1979, Ln 10,10A) (MH1979, Ln 17,17A)	J	2,237	J	(1)	J	2,236
47. Enhanced (Refugees)	(MH1979, Ln 17,77A)		2,237		0		2,230
48 MAA	(MH 1979, Ln 11, 12 & 13	2)	46,858		(1)		46,857
49. Administrative Reimbursement	(MH1979, Ln 6)	"	1,060,145		230,351		1,290,496
50. U.R. Skilled Professional	(MH1979, Ln 14)		554,731		(162,318)		392,414
51. U.R. Other	(MH1979, Ln 15)		3,656		108,212		111,868
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0,000		0		0
53. Subtotal- FFP	(MIT1979, LII 20)	<u> </u>	6,806,866	<u>s</u> –		<u> </u>	6,992,595
33. 32000.		<b>"</b> =	0,000,000	_=	105,725	_	0,772,373
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj # )	_	0	_	0	· -	0
56. Total SD/MC Reimbursement - FFP		\$	6,806,866	\$	185,729	\$	6,992,595
Net Healthy Families Reimbursement - FFP		_		_		=	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	157,671	\$	(46,459)	ę	111,212
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	•	0	•	(40,437)	•	0
59 Administrative Reimbursement	(MH1979, Ln 10)		16,052		1,393		17,445
60. Total Healthy Families Reimbursement - FFP	(mm 202, Ell 10)	<u> </u>		s -	(45,067)	<u>-</u>	128,656
55. Total French Families (Childustinon - 111		-	173,123	• <u>=</u>	(43,007)	<b>"</b> =	120,000
61. Total - FFP (Ln 56 + Ln 60)		<b>\$</b> _	6,980,589	<b>S</b> =	140,662	<b>S</b> =	7,121,251
							(To Sch. 1)

#### SANTA CRUZ COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity		(1). Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
<u>Num</u> ber	Legal Entity	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	O U T (MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col 6 to 8)	(MH 1968. Ln 27, 27A)
00112	Lincoln Child Ctr	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	8,583	\$ 0 \$	0 \$	8,583 \$	0
00115	Seneca Center	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$			0 \$	15,135 \$	0
00120	Families First	\$ 0		0 \$	0 \$	0 \$			0 \$	2,013 \$	0
00144	Achieve Kids	<b>\$</b> 0		0 \$	0 \$	0 9			0 \$	27,706 \$	0
00232	Dominican Hosp	\$ 0		0 \$	0 \$	0 \$			0 \$	354,374 \$	0
00439	Volunteer Center	\$ 0		0 \$	0 \$	0 \$			0 \$	383,841 \$	0
00440	SCCCC (Field Audit)	\$ 0		0 \$	0 \$	0 \$			0 \$	3,353,272 \$	74,973
00442	Front Street (Field Audit)	\$ 0		0 \$	0 \$	0 9			0 \$	2,311,125 \$	0
00443	FSA of Santa Cruz	\$ 0		0 \$	0 \$	0 \$			0 \$	60,046 \$	0
00595 00656	FSA of Pajaro Pajaro Valley Prev	\$ 0 \$ 0		0 \$ 0 \$	0 \$ 0 \$	0 \$			0 \$ 0 \$	72,952 \$	0
00657	Parents Center	\$ 0 \$ 0		0 \$	0 \$	0 3			0 \$	60,967 <b>\$</b> 523,596 <b>\$</b>	4,005
00954	Unity Care Group	\$ 0		0 \$	0 \$	0 5			0 \$	520,794 \$	5,469
00004	Criticy Care Group	\$ 0		0 \$	0 \$	0 9			0 \$	0 \$	3,409
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		\$0	\$\$	0 \$	0 \$	0	\$ 7,692,419	\$ 1,985 \$	o \$	7,694,404 \$	84,447

#### SANTA CRUZ COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

			(11) Total	(12) Healthy	(13) Total	(14) Healthy	(15) Total	(16)	(17) Total	(18)	(19) Total
Legal			Revenue	Families	Revenue	Families	Net Cost	Net Cost	Net Cost	Net Cost	MAA
Entity			(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity	F.	IN PAT		OUTPA			VITTENT:		ATIENT	Reimbursement
	<del></del> -	_	(MH 1968,	(MH 1968,	(MH 1968.	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)	,	(20.5	(02.2	,	Ln 11-13)
00112	Lincoln Child Ctr	\$	0 \$	0 \$	0 \$	0 :	\$ 0	\$ 0			. 0
00115	Seneca Center	\$	0 \$	0 \$	0 \$	0 :	\$ 0	\$ 0			. 0
00120	Families First	\$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0			. 0
00144	Achieve Kids	\$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0	\$ 27,706		
00232	Dominican Hosp	\$	0 \$	0 \$	8.130 \$		\$ 0		\$ 346,244		
00439	Volunteer Center	\$	0 \$	0 \$	1,795 \$		\$ 0	\$ 0			
00440	SCCCC (Field Audit)	\$	0 \$	0 \$	7,392 \$		\$ 0	\$ 0			65,104
00442	Front Street (Field Audit)	\$	0 \$	0 \$	9,403 \$	0	\$ 0	\$ 0	\$ 2,301,722		0
	FSA of Santa Cruz	\$	0 \$	0 \$	0 \$			\$ 0			0
00595	FSA of Pajaro	\$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0			
00656	Pajaro Valley Prev.	\$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0			
00657	Parents Center	\$	0 \$	0 \$	793 \$	0	\$ 0	\$ 0	\$ 522,803		
00964	Unity Cere Group	\$	0 \$	0 \$	0 \$	. 0	\$ 0	\$ 0	\$ 520,794	\$ 5,469 \$	0
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	GRAND TOTAL	\$_	0 \$	o_s	27,513	s	so	<b>s</b>	\$ 7,666,891	\$ 84,447	89,127

#### SANTA CRUZ COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		65.35 5555	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
			Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					
Legal Entity			Exceed Costs (Excl. HFP)	Exceed Costs Healthy Families	Exceed Costs (Excl. HFP)	Exceed Costs Healthy Families	Total SD/MC Reimbursement	Healthy Families Reimbursement	Total Reimbursement	FFP Contract	Lower of FFP or Contract
Number	Legal Entity	Γ	INPA	TIENT	OUTPA	TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
		_	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Cal 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
	Lincoln Child Ctr	\$	0 \$			0	\$ 4,347 \$	0 \$	4,347 \$	4,987 \$	4,347
	Seneca Center	\$	0 \$	0	0 \$	0			7,878 \$	8,626 \$	7,878
00120	Families First	\$	0 \$	0	5 0 \$	0				1,142 \$	1,035
00144	Achieve Kids	\$	0 \$	0		0			14,231 \$	15,758 \$	14,231
00232	Dominican Hosp	\$	0 \$	0	\$ 0 \$	0			178,014 \$	385,885 \$	178,014
	Volunteer Center	\$	0 \$	0		0			221,621 \$	484,911 \$	221,621
00440	SCCCC (Field Audit)	\$	0 \$	0 :	0 \$	0	\$ 1,785,827 \$	48,891 \$	1,834,718 \$	\$	1,834,718
00442	Front Street (Field Audit)	\$	0 \$	0		0			1,183,781 \$	1,861,509 \$	1,183,781
	FSA of Santa Cruz	\$	0 \$	0		0			30,827 \$	36,389 \$	30,827
	FSA of Pajaro	\$	0 \$	0 :	\$ 0 \$	0			37,627 \$	42,440 \$	37,627
	Pajaro Valley Prev	\$	0 \$	0 :	0 \$	0	\$ 31,626 \$	0 \$	31,626 \$	36,005 \$	31,626
00657	Parents Center	\$	0 \$	0	0 \$	0	\$ 268.872 \$	2,609 \$	271,481 \$	\$	271,481
00964	Unity Care Group	\$	0 \$	0	\$ 0 \$	0	\$ 267,216 \$	3,608 \$	270,824 \$	301,891 \$	270,824
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0		0 \$	0 \$	0	\$ 0 \$	0	\$ 0 9	0 \$	0 \$	0 \$	0
0		0 \$	0 \$		\$ 0 \$	0	\$ 0 9	0 \$	0 \$	0 \$	0
0		0 \$	0 \$		\$ 0 \$	0	\$ 0 5	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0	\$ 0 \$	0	\$ 0 9	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0	\$ 0 \$	0	\$ 0 9	0 \$	0 \$	0 \$	0
0		0 \$	0 9	0	s 0 \$	0	\$ 0 9	0 <b>s</b>	0 \$	0 \$	0
0		0 \$	0 \$			Ö			0 \$	0 <b>\$</b>	ō
0		0 \$	0 \$			Ō			0 \$	0 \$	0
0		0 \$	0 5			Ö			0 \$	0 \$	Õ
ō		0 \$	0 \$						0 \$	0 \$	ō
	GRAND TOTAL	\$			ss		\$ 4,032,902	55,108 \$	4,088,010 \$	3,179,543 \$	4,088,010

To Sch 1)

# SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

		Audit	
	As Settled	Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors	) 18,583,941	(919,315)	17,664,626
(2) Total SD/MC Claims	25,318,001	0	25,318,001
(3) Percent % (Line 1/Line 2)	73.40%	(0.0363)	69.77%
(4) EPSDT Claims	9,751,778	0	9,751,778
(5) Actual Cost Settled EPSDT SD/MC			
(Line 3 X Line 4)	7,157,805	(353,990)	6,803,816
(6) Cost Settled Baseline for EPSDT	2,458,698	0	2,458,698
(7) Net Cost Settlement Amount			
(Line 5 - Line 6)	4,699,107	(353,990)	4,345,118
(0) 40.5(4) (0) (0 (0) (1)			
(8) 48.56% of Net Cost Settlement Amount	2,281,886	(171,897)	2,109,989
(Line 7 x 48.56%)	2,201,000	(1/1,09/)	2,109,989
(8a) FY 2001-02 EPSDT settlement	1,655,825	(189,186)	1,466,639
(8b) Annual Local Growth (L. 8 - 8a)	626,061	17,289	643,350
(9) County Match 10% of Local Growth (8b x 10%)	62,606	1,729	64,335
(10) Net Cost Settlement Amount (L. 8 - 9)	2,219,280	(173,626)	2,045,654
(11) SGF Distribution (Settled and Audited)	2,219,280	0	2,219,280
(12) SGF Due (State)		(173,626)	(173,626)
	<del></del>	<del></del>	(To Sch. 1)

### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provider	SANTA CRUZ	COUN	TY		Provider Number 00044	No. of Adj. 56	l .	eriod Ended 30, 2003
	Report Refe				<u> </u>	As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO COSTS				
1	MH 1960	3	c	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)		\$ (16,629,835)	\$ 860,029	\$ (15,769,806)
				To reclassify general operating, telecom, patient data, patient ac clerical support and department operating & labor costs from the Contractors to the County Administrative Costs.	counting, County's			
2 3 4 5	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ 2,120,290 \$ 24,600 \$ 460,080 \$ 2,604,970	\$ 700,012 \$ 8,122 \$ 151,895 \$ 860,029	\$ 2,820,302 \$ 32,722 \$ 611,975 \$ 3,464,999
				To adjust SD/MC, Healthy Families and Non-SD/MC administration of adjustment 1 above. The distribution of SD/MC, Healthy Familian administrative costs was based on the reported administrative con the cost reported.	ilies and Non-SD/MC			
6 7 8	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS	:	\$ 2,820,302 \$ 32,722 \$ 611,975 \$ 3,464,999	\$ (239,310) \$ 27,845 \$ 211,465 \$ 0	\$ 2,580,992 \$ 60,567 \$ 823,440 \$ 3,464,999
				To allocate SD/MC, Healthy Families and Non-SD/MC administrates based on the MAA percentage (73.69%) that the County used in Outreach, Support and Healthy Families was considered before Non-SD/MC could be determined.	the cost report.			
9 10	MH 1960 MH 1960 MH 1960	13 14 16	CCC	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		\$ 739,641 \$ 7,312 \$ 746,953	\$ (216,423) \$ 216,423 \$ 0	\$ 523,218 \$ 223,735 \$ 746,953
				To reclassify Utilization Review Costs between Skilled Professio Personnel and Other SD/MC Utilization Review to agree with Co				
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provider					Provider Number	7	No. of Adj.	T	Fiscal F	eriod	Ended
	SANTA CRUZ	COUN.	TY		00044	<u> </u>	56 		June	30, 2	003
Adj.	Report Refe	T		EXPLANATION OF AUDIT ADJUSTMENTS		As Reported			Increase (Decrease)		As Adjusted
No.	Sch. MH 1964	Line 1	Col.	ADJUSTMENTS TO REPORTED ALLOWABLE SD CONTRACT PROVIDERS  MODE COSTS FROM MH 1960 (DIRECT SERVICES AND MAA		\$	15,562,112	\$	(860,029)	\$	14,702,083
				To adjust contract provider costs to eliminate the County administ explained in adjustment 1 above. The following contractors were SCCCC FRONT STREET TELECARE LINCOLN CHILD CENTER SENECA CENTER FAMILIES FIRST ACHIEVE KIDS DOMINICAN SC HOSPITAL CRESTWOOD HOSPITALS VOLUNTEER CENTER FSA OF SANTA CRUZ FAMILY SERVICE OF PAJARO VALLEY PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE PARENTS CENTER 7TH AVENUE CENTER UNITY TOTALS	e affected:	\$	5,680,565 4,975,555 79,567 9,176 15,872 2,102 28,993 1,205,928 125,936 1,469,241 66,954 78,087 66,247 577,148 625,284 555,457	\$	(354,771) (257,501) (734) (593) (737) (89) (1,064) (105,274) (4,788) (49,885) (6,848) (5,135) (5,279) (39,797) (8,634) (18,900)	\$	5,325,794 4,718,054 78,833 8,583 15,135 2,013 27,929 1,100,654 121,148 1,419,356 60,106 72,952 60,968 537,351 616,650 536,557
	Į			* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.		1				L	

Provide	SANTA CRUZ	COUN	TY		Provider Number 00044	No. of Adj. 56	Fiscal Per June 3	
	Report Refe					As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED TOTAL UOS CONTRACT PROVIDERS	<u>/TIME</u>			
		}		DOMINICAN LEGAL ENTITY NUMBER 00232	ı			
12	MH 1966a	2	В	SFC 10-20		9,833	413	10,246
				FSA OF SANTA CRUZ LEGAL ENTITY NUMBER 00443				
13	MH 1966a	2	· c	SFC 15-40		55,920	180	56,100
				PAJARO PREVENTION LEGAL ENTITY NUMBER 00656				
14 15	MH 1966a MH 1966a	2 2	B C	SFC 15-30 SFC 15-40		3,420 42,720	60 1,260	3,480 43,980
				To adjust total units of service to agree with the County's PSP 14	12 report.	•		
							·	
		ļ						
		1						
		,						
		]						
				<ul> <li>Balance carried forward to subsequent adjustment.</li> <li>Balance brought forward from prior adjustment.</li> </ul>				

Provide	er				Provider Number	No. of Adj.	Fiscal Per	iod Ended
	SANTA CRUZ	COUN	TY		00044	56	June 30	0, 2003
Adj.	Report Refer	rence		EXPLANATION OF AUDIT ADJUSTME	MTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.	EXPERIMENTAL OF AUDIT ADJUSTINE	····		(200,000)	
				ADJUSTMENTS TO REPORTED SD/MC UNITS/ COUNTY PROVIDERS	TIME			
16 17 18 19 20 21	MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1966A MH 1966A MH 1966A MH 1966A	10 10A 11 11A	E F J K L Total Total Total	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% MEDICARE/MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDICARE/MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDICARE/MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 50.00% MEDICARE/MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00%  To adjust the as settled (MH 1966A) SD/MC units of service/time for county operated facilities to agree with the State DMH Approved C Report dated March 19, 2007. Copies of workpapers detailing adjusting adjust	laims	1,135,679 2,630,039 1,433,455 3,360 5,650 2,595 540 2,820 10,335 64,673	9,936 2,341 1,077 (225) (3,825) (90) 0 0 (1,096)	1,145,615 * 2,632,380 * 1,434,532 * 3,135 * 1,825 * 2,505 * 540 * 2,820 * 10,335 * 63,577 *
23 24 25 26 27 28 29 30	MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1966A MH 1966A MH 1966A MH 1966A	10 10A 11 11A	D F J K L Total Total Total	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDI-CAL UNITS 10/1/03 - 6/30/03 @ 54.35% MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% MEDICARE/MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDICARE/MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDICARE/MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 54.35% ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/03 @65.00% HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00%  To adjust the SD/MC and Healthy Families units of service/time to the County's records and supporting documents. The auditor subr workpapers to the County which shows the details of this adjustme	nitted detailed	1,145,615 2,632,380 1,434,532 3,135 1,825 2,505 540 2,820 10,335 63,577	(1.104) 8,362 21,639 225 3,825 90 0 (4,015) (7,512)	1,144,511 * 2,640,742 * 1,456,171 * 3,360 * 5,650 * 2,595 * 540 * 2,820 * 6,320 * 56,065 *
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide		COUNT			Provider Number	No. of Adj.	Fiscal Peri	ſ
	SANTA CRUZ		<u> </u>		00044	56	June 30	0, 2003
Adj.	Report Reference Form/	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
140.	SQII.	Line	COI.	ADJUSTMENTS TO REPORTED SD/MC UNITS/	rime			
31 32 33 34 35 36	MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	10 10A 11 11A	D E F J K L Total Total Total	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% MEDICARE/MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDICARE/MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDICARE/MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00%  To adjust SD/MC units of service/time to incorporate the controls of DMH approved units vs. the county's records by SFC.	** ** ** ** ** ** ** **	1,144,511 2,640,742 1,456,171 3,360 5,650 2,595 540 2,820 6,320 56,065	1,098 (8,362) (21,639) (225) (3,825) (90) 0 0 0 (78)	1,145,609 2,632,380 1,434,532 3,135 1,825 2,505 540 2,820 6,320 55,987
38 39 40 41	MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1966A MH 1966A MH 1966A MH 1966A	10 10A 11 11A	D E F Total Total Total	ADJUSTMENTS TO REPORTED SD/MC UNITS/ CONTRACT PROVIDERS  MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00%  To adjust the as settled (MH 1966A) SD/MC units of service/time for county operated facilities to agree with the State DMH Approved C Report dated March 19, 2007. Copies of workpapers detailing adjuby service functions have been provided to the provider.	or the laims	521,958 1,314,378 706,772 648 761 11,347 43,168	1,523 (360) (434) 0 0 0 (961)	523,481 * 1,314,018 * 706,338 * 648 * 761 * 11,347 * 42,207 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal Peri	od Ended
	SANTA CRUZ	COUN	TY		00044	56	June 30	0, 2003
	Report Refer	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT	S/TIME			
42 43 44 45 46 47	MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1966A MH 1966A MH 1966A MH 1966A	10 10A 11 11A	D E F Total Total Total	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00% To adjust the SD/MC and Healthy Families units of service/time the County's records and supporting documents. The auditor su workpapers to the County which shows the details of this adjust	ubmitted detailed	523,481 1,314,018 706,338 648 761 11,347 42,207	4,605 25,223 (2,968) 0 (82) (22) 4,724	528,086 * 1,339,241 * 703,370 * 648 * 679 * 11,325 * 46,931 *
48 49 50	MH 1901B(S) MH 1901B(S) MH 1901B(S) MH 1966A MH 1966A MH 1966A MH 1966A	10 10A 11 11A	D E F Total Total Total	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00%  To adjust SD/MC units of service/time to incorporate the control of DMH approved units vs. the county's records by SFC.	** ** ** ** **	528,086 1,339,241 703,370 648 679 11,325 46,931	(4,605) (25,485) 2,468 0 0 0 (4,739)	523,481 * 1,313,756 * 705,838 * 648 * 679 * 11,325 * 42,192 *
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provider	SANTA CRU	Z COUN	TV		Provider Number 00044	No. of Adj. 56		Period Ended
	<del></del>		<del>' '                                  </del>	<del></del>	00044	<del></del>	3076	30, 2003
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS	As Reported	Increase (Decrease)	As Adjusted
110.	0011.	Line	001.	ADJUSTMENTS TO REPORTED SDIMC SETTLE COUNTY PROVIDERS	EMENT			
52 53	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SITOTAL HEALTHY FAMILIES REIMBURSEMENT  To adjust the SD/MC (FFP) and the Healthy Families (FFP) due	ŕ	\$ 6,806,865 \$ 173,722	\$ 185,730 \$ (45,066)	\$ 6,992,595 \$ 128,656
				to costs and units of service/time.  ADJUSTMENTS TO REPORTED SD/MC SETTI  CONTRACT PROVIDERS	<u>.EMENT</u>			
<b>54</b> 55	MH 1979 MH 1979	21 27	J J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED S TOTAL HEALTHY FAMILIES REIMBURSEMENT Total	D/MC)	\$ 4,515,084 62,935 \$ 4,578,019	\$ (482,182) \$ (7,827) (490,009)	\$ 4,032,902 <u>55,108</u> \$ 4,088,010
				To adjust the SD/MC (FFP) and the Healthy Families (FFP) due to costs and units of service/time.	to adjustments	As		As
				Lincoln Child Ctr Seneca Center Families First Achieve Kids Dominican Hosp Volunteer Center SCCCC (Field Audit) Front Street (Field Audit) FSA of Santa Cruz FSA of Pajaro Pajaro Valley Prev. Parents Center Unity Care Group		Settled \$ 4,647 8,262 1,080 14,231 201,682 234,827 2,085,397 1,349,849 34,375 40,275 34,399 291,618 277,377 \$ 4,578,019	Adjustments \$ (300) (384) (45) 0 (23,668) (13,206) (250,679) (166,068) (3,548) (2,648) (2,773) (20,137) (6,553) \$ (490,009)	Audited  \$ 4,347 7,878 1,035 14,231 178,014 221,621 1,834,718 1,183,781 30,827 37,627 31,626 271,481 270,824  \$ 4,088,010
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

rovider	SANTA CRU	Z COUN	TY		Provider Number 00044			eriod Ended 30, 2003	
	Report Refe	erence				As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col. EXPLANATION OF AUDIT ADJUSTMENTS		ENTS	Reported	(Decrease)	Adjusted	
				ADJUSTMENTS TO REPORTED SD/MC SETTL	EMENT				
56	Sch 4			EPSDT - SGF		\$ 2,219,280	\$ (173,626)	\$ 2,045,654	
				To adjust the State General Fund share of EPSDT as a result of reimbursements as reflected on lines 16, 16A, 17,17A and 18, C of audited County and Contract Providers.	adjustments to SD/MC olumn C of form MH 1979				
		İ		* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.					

### DEPARTMENT OF MENTAL HEALTH

## CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

**Fiscal Year 2002-2003** 

County: SANTA CRUZ COUNTY

A	B	С
Salaries		Total
and Benefits	Other	Costs
13,637,968	19,050,867	32,688,835
	26,490	26,490
	(15,680,102)	(15,680,102)
(3,845,968)	4,880,871	1,034,903
9,792,000	8,278,126	18,070,126
		93,028
		18,163,154
		2,580,992
		60,567
		823,440
		3,464,999
		523,218
		223,735
		746,953
		13,861,498
		18,073,450
	Salaries and Benefits 13,637,968 (3,845,968)	Salaries Other 13,637,968 19,050,867 26,490 (15,680,102) (3,845,968) 4,880,871

# CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

### DEPARTMENT OF MENTAL HEALTH

**Fiscal Year 2002-2003** 

County: SANTA CRUZ COUNTY

Legal Entity: SANTA CRUZ COUNTY	Α	В	С
Legal Entity Number: 00044	Salaries		Total
	and Benefits	Other	Adjustments
1 Fixed Assets Purchased		(74,860)	(74,860)
2 Use Allowance		(156,103)	(156,103)
3 Depreciation Expense		194,799	194,799
4 Building Financing Expense		650,729	650,729
5 Detention Services	(374,667)	(146,870)	(521,537)
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments	(374,667)	467,695	93,028

### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

	Legal Entity: SANTA CRUZ COUNTY	A
Le	gal Entity Number: 00044	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	13,861,498
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	79,536
4	Day Services (Mode 10)	2,440,277
5	Outpatient Services (Mode 15 Program 1 + Program 2)	10,185,801
6	Outreach Services (Mode 45)	246,144
7	Medi-Cal Administrative Activities (Mode 55)	102,200
8	Support Services (Mode 60)	807,540
9	Total - Lines 2 through 8	13,861,498

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

CR

County: SANTA CRUZ COUNTY
County Code: 44

e: 44

Legal Entity: SANTA CRUZ COUNTY		_ A	В	С	D	E	F	G
Legal Entity Number: 00044			Service	Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (Al	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
1 Allocation Percentage	<del></del>	100.00%	60 100.00%	-		_		
2 Total Units	<del></del>	100,00%	795					
3 Gross Cost		79,536	79,536	_		_		
4 Cost per Unit			100.05	1000-0-1000	A			
5 SMA per Unit			100.03					
6 Published Charge per Unit			143.02					
7 Negotiated Rate / Cost per Unit								
8	07/01/02 - 09/30/02		<u> </u>	*********** <u>*********</u>		<u> </u>		
8A Medi-Cal Units	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9 <u>A</u>	10/01/02 - 06/30/03							
10A Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02					ļ		<del> </del>
10B Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03 07/01/02 - 06/30/03						<del> </del>	
11	07/01/02 - 08/30/03				<del>                                     </del>		<del> </del>	
Healthy Families (SED) Units	10/01/02 - 06/30/03					_		$\vdash$
12 Non-Medi-Cal Units			795				1	
13	07/01/02 - 09/30/02		r <u>ukukuku</u> kuku, ki 1	<u> </u>		<u>ra an ra</u> van ana ara		
13A Medi-Cal Costs	10/01/02 - 06/30/03	!						
14 Medi-Cal SMA Hoper Limits	07/01/02 - 09/30/02							
14A	10/01/02 - 06/30/03							
15 Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A	10/01/02 - 06/30/03							
16A Medi-Cal Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03			-	ļ. —			
000 000 000 000 000 000 000 000 000 00				9000000000		10000000000	0000000000	
Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							_
17A Medicare/Medicare	10/01/02 - 06/30/03	1				_		-
Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03				-		<del>                                     </del>	-
10	07/01/02 - 09/30/02							1
19A Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03			-				
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	10/01/02 - 06/30/03							
21 Enhanced SDAKS Conta	07/01/02 - 09/30/02	1		1202 1100		1		
Enhanced SD/MC Costs	10/01/02 - 06/30/03							
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
ZZA	10/01/02 - 06/30/03	ļ				<u> </u>		
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	-	-			<del></del>	ļ ——-	
24	10/01/02 - 06/30/03 07/01/02 - 09/30/02	<del>                                     </del>			<del> </del>	<del>                                     </del>	-	
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	<del></del>			<del> </del>	<del>  -</del>	<del>                                     </del>	<del>                                     </del>
<u> Propinski prop</u>	141 114 14 14 14 14 14 14 14 14 14 14 14	<del> </del>		danda	<del></del>	1919 C. 101 C. 101	<del> </del>	1 1 1 1 1 1 1 1
25 Enhanced SD/MC (Refugees) Costs 26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	<del>                                     </del>			<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>
27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	-		<del> </del>	<del> </del>		_	<del> </del>
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	<del>                                     </del>		_	<del>                                     </del>		<del>                                     </del>	<del>                                     </del>
29	07/01/02 - 09/30/02	<u> </u>			<u> </u>	- 1111111111111111111111111111111111111	<u> </u>	<del> </del>
29A Healthy Families Costs	10/01/02 - 09/30/02				<del>                                     </del>	<del></del>	+	-
30	07/01/02 - 09/30/02	<b> </b>	-		<del>                                     </del>	<del>                                     </del>	<del> </del>	
30A Healthy Families SMA Upper Limits	10/01/02 - 06/30/03			_	1		<del>                                     </del>	<del>                                     </del>
31 Healthy Families Bublished Charges	07/01/02 - 09/30/02							
31A Realthy Families Published Charges	10/01/02 - 06/30/03							
Healthy Families Negotiated Rates	07/01/02 - 09/30/02						ļ	
32A reality 1 armines regonated vales	10/01/02 - 06/30/03	ļ			1	ļ	<u> </u>	
33 Non-Medi-Cal Costs	<u> </u>	79,536	79,536				1	1

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA CRUZ COUNTY

Coding. SANTA CRUZ COUNTY					
County Code: 44	CR	CR	CR	CR	

	Legal Entity: SANTA CRUZ COUNTY		Α	В	C	_ D	E	F	G
Leg	al Entity Number: 00044			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function_	Function	Function	Function
			l ![	20	60	85	95		
1	Allocation Percentage		100.00%	5.33%	8.92%	63.04%	22.71%		
	Total Units		Partition and the state of	2,084	1,574	4,234	2,887		
3	Gross Cost		2,440,277	130,109	217,708	1,538,329	554,131		
10.00									C1111 - C111 - C11
	Cost per Unit			62.43	138.32	363.33	191.94		<del></del> -
	SMA per Unit			82.94		177.60	115.14	<b></b>	<del></del>
	Published Charge per Unit			91.04	140.00	194.91	126.36	<u> </u>	<del></del>
7	Negotiated Rate / Cost per Unit								<del></del>
8		07/01/02 - 09/30/02		920		668	484		
8A	Medi-Cal Units	10/01/02 - 06/30/03				3,249	488		
9		07/01/02 - 09/30/02				- 0,240	- 400		<del> </del> -
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03	H	+	+				<del></del>
									<del> </del>
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						<del></del>	<del></del>
10A		10/01/02 - 06/30/03						<del></del>	<del></del>
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							<b>↓</b> ———
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							<del> </del>
11A		10/01/02 - 06/30/03				165			
12	Non-Medi-Cal Units			1,164	1,574	152	1,915		
12		07/04/02 00/20/02	202.040	67.400	330 BB	242.702	02.000	. 17.1	
13	Medi-Cal Costs	07/01/02 - 09/30/02	393,040	57,438		242,703	92,899	⊢——	₩
13A		10/01/02 - 06/30/03	1,274,118			1,180,451	93,667	<del></del>	<del> </del>
14	edi-Cal SMA Upper Limits	07/01/02 - 09/30/02	250,669	76,305		118,637	55,728		<b>↓</b>
14A		10/01/02 - 06/30/03	633,211			577,022	56,188_	<u></u>	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	275,115	83,757		130,200	61,158		
15A	Wedi-Car Fublished Charges	10/01/02 - 06/30/03	694,926	$\overline{}$		633,263	61,664		
16	Madi Cal Nagatistad Dates	07/01/02 - 09/30/02							
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
1000	000000000000000000000000000000000000000	oceposocosco	100000000000000000000000000000000000000					0.0000000000	
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	<del></del>						<del></del>
17A		10/01/02 - 06/30/03	<del></del>						<del> </del>
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	<u> </u>						<b></b>
18A		10/01/02 - 06/30/03	$\bot$						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							<u> </u>
19A	redicatemedi-Cal Crossover rubilished Charges	10/01/02 - 06/30/03							
20	Madisan Madi Cal Cassas of Nanatistad Dates	07/01/02 - 09/30/02							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	$\vdash$						
		The state of the state of the		200 200 200				C. C	
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	<b>└</b>					<u> </u>	<b>↓</b>
21A		10/01/02 - 06/30/03						<u> </u>	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A	Emignoed Spusic Sign Opper Finals	10/01/02 - 06/30/03							
23	Eshara ASDAIG B. Hishad Channel	07/01/02 - 09/30/02	1						
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	<del></del>						1
24		07/01/02 - 09/30/02	<del></del>		$\overline{}$				
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03						<del></del>	<del></del>
2000			THE SHOPE	20222199955	P. C	<u> </u>		<del>                                      </del>	<del> </del>
	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							1
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							1
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	1						T
									<del> </del>
29	Healthy Families Costs	07/01/02 - 09/30/02	<b>↓</b>				L	<del></del>	
29A		10/01/02 - 06/30/03	59,949			59,949	L		
30	Hoolthy Comilies SMA Lippor Limits	07/01/02 - 09/30/02							
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	29,304			29,304			
31		07/01/02 - 09/30/02	1						1
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	32,160			32,160			<del></del>
32		07/01/02 - 09/30/02	52,100			02,100		<del> </del>	+
32A	Healthy Families Negotiated Rates		+	├──┤	<del></del>		<del>                                     </del>	<del></del> -	+
1.7/4		10/01/02 - 06/30/03							
1257	to any analysis areas are as a second resource of the restaurce of the res	1 14 14 14 14 14 14 14 14 14 14 14 14 14	4 1 1 1 1 1 1 1 1 1 1	** *** <u></u> ******				<u> </u>	1

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

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## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

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County: SANTA CRUZ COUNTY County Code: 44

	Legal Entity: SANTA CRUZ COUNTY		Α	В	С	D	E	F	Ğ
Leg	al Entity Number: 00044			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function_
				01	10	30	40	50	60
1 ;	Allocation Percentage		100.00%	9.23%	27.45%	13.94%	45.19%	1.51%	0.68
2	Total Units			655,035	1,581,740	420,690	2,930,228	86,108	65,63
3	Gross Cost		9,716,186	896,474	2,666,718	1,354,572	4,391,140	146,715	66,03
4	Cost per Unit			1.37	1,69	3.22	1.50	1.70	1.0
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28	4.2
6	Published Charge per Unit			1.94	2.50	2.50	2.50	2.50	4.6
<del>5</del> —	Negotiated Rate / Cost per Unit			1.54	2.50			2.30	
	Trogonated Trace / Cost per Crist			121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			det detelga a friege	<u> </u>	<u> 150 150 160 160 1</u>
8	Medi-Cal Units	07/01/02 - 09/30/02		151,104	292,328	70,374	481,129	13,387	10,66
8A	Triedi-Oai Offica	10/01/02 - 06/30/03		415,710	1,047,744	243,677	1,936,958	48,841	46,60
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			_		3,135		
9A	Medicare/Medi-Cai Crossover Units	10/01/02 - 06/30/03					4,330		
10	5.1	07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03	1,141 11, 111 111 111						
11		07/01/02 - 09/30/02		65	1,999	400	2,871	185	
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03		1,132	19,759	5,089	24,450	720	
12	Non-Medi-Cal Units	1010 110E - 00130103		87,024	219,910	101,150	477,355	22,975	8,37
	Committee of the commit	1819-year-year-year-year-year-year-year-year						1.1. <u>-2.</u> 1. 111	
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,722,708	206,799	492,847	226,596	721,004	22,809	10,72
13A	medi-Cai 00515	10/01/02 - 06/30/03	6,231,022	568,936	1,766,433	784,611	2,902,659	83,218	_ 46,88
14	Madi Cal CMA Unner Limite	07/01/02 - 09/30/02	2,356,874	267,454	666,508	160,453	1,096,974	30,522	45,09
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	8,572,775	735,807	2,388,856	555,584	4,416,264	111,357	197,11
15		07/01/02 - 09/30/02	2,584,324	293,142	730,820	175,935	1,202,823	33,468	49,57
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	9,400,244	806,477	2,619,360	609,193	4,842,395	122,103	216,69
16		07/01/02 - 09/30/02	- 0,100,211		2,5,0,000		1,0 12,000		
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
	<u>-000000000000000000000000000000000000</u>			14445 15144		<u> जिल्लामध्य</u> ालाहर			1111
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	4,698				4,698		
17A	The dicare rivied - Car C10330 Ver C0313	10/01/02 - 06/30/03	6,489				6,489		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	7,148				7,148		
18A	Wedical envieur-Cai Crossover Sivia Opper Entitis	10/01/02 - 06/30/03	9,872				9,872		
19	Madiana Madi Cal Conseques Bublished Chares	07/01/02 - 09/30/02	7,838				7,838		
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	10,825	· ·			10,825		
20	11. 5 51- 50-10	07/01/02 - 09/30/02							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
		<del>in garanti ya garan Erin</del> g		arangan kanangan bang	<u> </u>	1980 <u>0. 199</u> 000	<u> Againeach i Aige</u>	<u> </u>	<u> </u>
21_	Enhanced SD/MC Costs	07/01/02 - 09/30/02						j	
21A		10/01/02 - 06/30/03	191						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							<u> </u>
22A		10/01/02 - 06/30/03	409						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A	Limanoed State Fubilished Charges	10/01/02 - 06/30/03	449						
24	Enhanced SDMC Nonetiated Bates	07/01/02 - 09/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
-7-7-7	February SDMC (Defection ) Control		<u> 177 (188) 188 (188) 189</u>	<u> aang Jagaa</u>	er erregen er er		maranang la	<u> parti : : : : : : : : : : : : : : : : : : :</u>	<u> 1878   194   19</u>
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	<del> </del>					ļ'	<b>.</b>
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						<b></b>	<b></b>
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	ļ					ļ'	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	<u> </u>					<u> </u>	<b>_</b>
29		07/01/02 - 09/30/02	10,637	89	3,370	1,288	4,302	315	
29A	Healthy Families Costs	10/01/02 - 06/30/03	92,061	1,549	33,312	16,386	36,640	1,227	
30	<del>                                     </del>	07/01/02 - 09/30/02	15,280	115	4,558	912	6,546	422	
30A	Healthy Families SMA Upper Limits								<del></del>
	<del> </del>	10/01/02 - 06/30/03	122,360	2,004	45,051	11,603	55,746	1,642	<b></b>
31	Healthy Families Published Charges	07/01/02 - 09/30/02	16,756	126	4,998	1,000	7,178	463	
31A	<del></del>	10/01/02 - 06/30/03	134,168	2,196	49,398	12,723	61,125	1,800	<u> </u>
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
									1
32A	Thousand the second sec	10/01/02 - 06/30/03							

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA CRUZ COUNTY
County Code: 44

County: SANTA CRUZ COUNTY County Code: 44		CR						
Legal Entity: SANTA CRUZ COUNTY		Н		J	K	_L	M	N
Legal Entity Number: 00044		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)	Mode: 15 - Outpatient (Program 1)			Function	Function	Function _	Function	Function
All For Down		70		<b> </b>				
1 Allocation Percentage 2 Total Units		2.00%				<del> </del>		<del> </del> -
Gross Cost	-	122,278		<del> </del>		<del> </del>		
				2012				100000000000000000000000000000000000000
4 Cost per Unit 5 SMA per Unit		1.59		ļ		<u> </u>	<b>_</b>	<del></del>
6 Published Charge per Unit		3.41		<del></del>	<del></del>	<del>                                     </del>	<del> </del>	
7 Negotiated Rate / Cost per Unit		3,74				<del> </del>	<del></del>	
			erren Eprespez	100000	<u> </u>		744000 COV 1 1	<u> </u>
Medi-Cal Units	07/01/02 - 09/30/02	26,354		<del> </del>		<del> </del>	<del> </del>	<u> </u>
BA Wed-Cal Olika	10/01/02 - 06/30/03	49,205		<del> </del>		<del> </del>	<del></del> -	
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			<del> </del> -	<del></del>	<del>                                     </del>		
0 51- 1000101011	10/01/02 - 06/30/03 07/01/02 - 09/30/02	<del></del>		<del> </del>	<del></del>	<del> </del>		<del> </del>
Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03	120		<del> </del> -		<del>                                     </del>	<del> </del>	
I OB Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03	120	·	<del> </del>		<del> </del>		
	07/01/02 - 09/30/02	800		<del> </del> -	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>
Healthy Families (SED) Units	10/01/02 - 06/30/03	1,852						
2 Non-Medi-Cal Units	,	43,947						
<u> </u>	07/01/02 - 09/30/02	41,926		2.000	tarir co, co.; cr	arega area		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13A Medi-Cal Costs	10/01/02 - 06/30/03	78,279		<del> </del>		<del> </del>	<del></del>	<del> </del>
<u> </u>	07/01/02 - 09/30/02	89,867		<del> </del>	<del> </del>	<del></del>	<del> </del>	<del> </del> -
Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	167,789		<del> </del>		<del> </del>	<del> </del>	<del> </del>
15	07/01/02 - 09/30/02	98,564			<del> </del>			<del>                                     </del>
Medi-Cal Published Charges	10/01/02 - 06/30/03	184,027					<del>                                     </del>	<del>                                     </del>
16	07/01/02 - 09/30/02	75,1021						
Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
17	07/01/02 - 09/30/02					स्वस्यवद्यास्य ।	20000000000	5 10 10 E E E E
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	i — —		<del> </del> -	<del> </del>	<del>                                     </del>		<del> </del> -
18	07/01/02 - 09/30/02			<del></del>	<del> </del>	<del> </del>	<del></del>	<del>                                     </del>
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	<del></del> -		<del>                                     </del>	<del> </del>	<del> </del>	+	
10	07/01/02 - 09/30/02	<del></del>		<del> </del>				<del>                                     </del>
Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	—	<del></del>	<del> </del>	<del>                                     </del>			
20	07/01/02 - 09/30/02			<del>                                     </del>	1			
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21	07/01/02 - 09/30/02			the second as			<u> </u>	
Enhanced SD/MC Costs	10/01/02 - 06/30/03	191		<del> </del> -	<del> </del> -	<del> </del> -	<del>                                     </del>	
22	07/01/02 - 09/30/02	181		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	409		<del>                                     </del>	<del> </del>	+	<del>                                     </del>	<del> </del>
23	07/01/02 - 09/30/02	- 405					<del> </del>	$\vdash \vdash \vdash$
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	449			1	<del>                                     </del>		1
24	07/01/02 - 09/30/02							
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		reigenei z	10 14 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************		3	
26 Enhanced SD/MC (Refugees) Costs  26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	<del> </del>	<del></del>	+	<del> </del>	+	+	<del>                                     </del>
27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	<del>                                     </del>	<del> </del>	+	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	<del>                                     </del>	<del> </del>	<del>                                     </del>		<del> </del>	<del> </del>	<del> </del>
				<u> </u>	<u> </u>		<del> </del>	
Healthy Families Costs	07/01/02 - 09/30/02	1,273	ļ	<del> </del>	<b> </b>	<del> </del>	<del> </del>	<del> </del>
29A	10/01/02 - 06/30/03	2,946	ļ	<del> </del>	₩	₩	<del> </del>	<del> </del> -
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	2,728	<del></del>	-	<del></del>	<del> </del>	<del> </del> -	
30A	10/01/02 - 06/30/03	6,315	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del> -
Healthy Families Published Charges	07/01/02 - 09/30/02	2,992	<b></b>	+	<del></del>	<del> </del>	<del> </del>	┼──
31A	10/01/02 - 06/30/03	6,926	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
32 32A Healthy Families Negotiated Rates	07/01/02 - 09/30/02	<del> </del>	<del> </del>	<del></del>	<del> </del>	<del></del>	<del>                                     </del>	<del> </del>
JAM Tankanan mananan menangkan menangkan menangkan menangkan menangkan menangkan menangkan menangkan menangkan men	10/01/02 - 06/30/03		<u> </u>	<del> </del>	1	<del>la </del>	1	<u> </u>
33 Non-Medi-Cal Costs		69,914					1	

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

MHS

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

MHS

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County: SANTA CRUZ COUNTY

	County Code: 44			185	MH2	MUS	MHS	MU2	ASU
Legal Entity: SANTA CRUZ COUNTY Legal Entity Number: 00044 Mode: 15 - Outpatient (Program 2)			A	В	С	D	E	F	G
				Service	Service	Service	Service	Service	Service
			Mode Total	Function	Function	Function	Function	Function	Function
			58	30	40	50	60	30	
1	Allocation Percentage	100.00%	23.56%	5.08%	60.06%	0.25%	10.64%	0.22	
2	Total Units		100.015	37,650	17,400	286,020	2,460	37,270	1,66
3	Gross Cost		469,615	110,648	23,849	282,066	1,151	49,988	1,01
4	Cost per Unit			2.94	1.37	0.99	0.47	1.34	0.€
5	SMA per Unit			2.28	2.28	2.28	2.28	4.23	2.2
6	Published Charge per Unit		proceedings						
7	Negotiated Rate / Cost per Unit	<del> </del>						<del> </del>	**************************************
8	Madi Califair	07/01/02 - 09/30/02		20,580	3,060	65,040	540	8,980	
BA	Medi-Cal Units	10/01/02 - 06/30/03		10,800	14,220	216,660	1,920	27,735	1,66
9	Madionroff Andi Cal Cransour Haite	07/01/02 - 09/30/02							
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02			60	480			
10A		10/01/02 - 06/30/03			60	2,640			
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		-					
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11 <u>A</u>		10/01/02 - 06/30/03		2,820	]		]		
12	Non-Medi-Cal Units	· ·····-		3,450		1,200		555	
13		07/01/02 - 09/30/02	141,114	60,482	4,194	64,141	253	12,044	
13A	Medi-Cal Costs	10/01/02 - 06/30/03	304,906	31,740	19,490	213,665	898	37,199	1,01
14	Madi Cal CMA Upper Limite	07/01/02 - 09/30/02	241,407	46,922	6,977	148,291	1,231	37,985	
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	679,806	24,624	32,422	493,985	4,378	117,319	3,79
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03	<u> </u>						
17	Madia	07/01/02 - 09/30/02							
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	Madicaro/Modi Cal Crossover SMA Hoper Limits	07/01/02 - 09/30/02							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	ļ						
19A		10/01/02 - 06/30/03							
20_	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						L	
20A		10/01/02 - 06/30/03	ļ.,	<u> </u>	<del> </del>		<del></del>		
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	556		82	473			
21A	Ennanced SD/MC Costs	10/01/02 - 06/30/03	2,686	-	82	2,604			
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	1,231		137	1,094			
22A	Ennanced Sprinc Sivia Opper Limits	10/01/02 - 06/30/03	6,156		137	6,019			
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A	Cinanoed Opinio Fabilities Citalyes	10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02					L		
24A	Cilitation Control (10goliated 11dics	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	1		<u> </u>		<u> </u>	Fr. 62-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<del></del>
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	1						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02				<u> </u>		<u> </u>	<del>سياستين</del>
29A	Healthy Families Costs	10/01/02 - 06/30/03	8,288	8,288	<del></del>			<del> </del>	
30	<u> </u>	07/01/02 - 09/30/02	5,200	5,200		<del></del>		<del>                                     </del>	
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	6,430	6,430				<del> </del>	
31		07/01/02 - 09/30/02	5,700	5,350				<del></del>	
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	<del> </del>					<del>                                     </del>	
32		07/01/02 - 09/30/02	<u> </u>		<del></del>		<u> </u>	<del></del>	
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03	<del> </del>		<del> </del>			<del>   </del>	
	<u> </u>						<u> </u>	<del>                                      </del>	
33	Non-Medi-Cal Costs		12,067	10,139	(0)	1,183	L	744	

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04) $\,$

DETAIL COST REPORT

County: SANTA CRUZ COUNTY County Code: 44

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		ASO						
Legal Entity: SANTA CRUZ COUNTY	Н	1	J	K	L	М	N	
Legal Entity Number: 00044			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Function	Function	Function	Function	Function	Function
Allocation Percentage					<del></del>		<del></del>	
					<del>                                     </del>	<del></del>	<del></del>	
Gross Cost								_
10000000000000000000000000000000000000								
								<del></del>
		2.28					<del></del>	
								<del>                                     </del>
The state of the s			44 <u>44,</u>	11 100000000			224-214-124	300 11 pt 745
Medi-Cal Units								<u> </u>
		1,440						<del></del>
Medicare/Medi-Cal Crossover Units							-	<del>                                     </del>
			_			<del> </del>		<del></del>
Enhanced SD/MC Units								<del></del>
Enhanced SD/MC (Refugees) Units				-		<del> </del>	<del></del>	<del></del>
			_			<del>-</del> -		
Healthy Families (SED) Units				<u> </u>		<del>                                     </del>		
Non-Medi-Cal Units	10/01/02 - 00/30/03				<del>                                     </del>	<del>                                     </del>	l —	
CONTROL OF CHILD						THE STATE OF THE STATE OF	200000 200000 000	
Medi-Cal Costs								<del></del>
		903					-	<del></del>
Medi-Cal SMA Upper Limits		2 222	-			<del>                                     </del>		<del></del>
<u> </u>		3,283				<del></del>		<del></del>
Medi-Cal Published Charges				<del>                                     </del>		<del> </del>	<del>   </del>	<del></del>
				<del>                                     </del>	ļ	<del></del>	<del></del>	<del></del>
edi-Cal Negotiated Rates		<del>                                     </del>		<del>                                     </del>	l —	<del></del>		<del> </del>
<del>0866</del> )260622020000000000000000000000000000	000000000000000	300000000000	000000000	101001018 1018	<u> </u>	29202000	201201111111	
Medicare/Medi-Cal Crossover Costs					ļ	<u> </u>	<del></del>	<b></b>
						<del> </del>	<b></b> _	ļ
Medicare/Medi-Cal Crossover SMA Upper Limits						L	<del></del> _	-
			_	<u> </u>	<del> </del>	<del></del>	<del> </del>	<del></del>
Medicare/Medi-Cal Crossover Published Charges				1		<del></del>	1	<del> </del>
<u> </u>				1	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>
Medicare/Medi-Cal Crossover Negotiated Rates						<del></del> -	<del>                                     </del>	
	terranen errenagan da dere e	<u> </u>	· · · <u>· · · · · · · · · · · · · · · · </u>	1 100 100 100		and Barbara	<u> </u>	
Enhanced SD/MC Costs	07/01/02 - 09/30/02		-					
	10/01/02 - 06/30/03							
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
Commo Office Oppor Citing	10/01/02 - 06/30/03							
Enhanced SD/MC Published Charges		i i			<u> </u>		<del> </del>	<del></del>
		į į				<del></del>	<u> </u>	<del>                                     </del>
Enhanced SD/MC Negotiated Rates					<u> </u>	<del></del> _	<u> </u>	<b>_</b>
	10/01/02 - 06/30/03			ļ <del></del>	<u> </u>		<del> </del>	<b>_</b>
Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03					1		
Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
		22/00/21/22/22			5.5000 50000	1000	<del> </del>	<del> </del>
Healthy Families Costs	10/01/02 - 06/30/03				<del>                                     </del>	<del></del>	+	<del>                                     </del>
	07/01/02 - 09/30/02	<del>                                     </del>		<del> </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>
1	שלווטנוטב - טפונטטוטב				<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>
Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	1				1	1	
	10/01/02 - 06/30/03			1				1
Healthy Families SMA Upper Limits  Healthy Families Published Charges	07/01/02 - 09/30/02							
Healthy Families Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
	07/01/02 - 09/30/02							
	Allocation Percentage Total Units Gross Cost Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Units Medi-Cal Units Enhanced SD/MC (Refugees) Medi-Cal Negotiated Rates  Medi-Cal Negotiated Rates  Medi-Cal Costs  Medi-Cal Costs  Medi-Cal Units  Enhanced SD/MC (Refugees) Medi-Cal Costs  Medi-Cal Costs  Medi-Cal SMA Upper Limits  Medi-Cal Negotiated Rates  Medi-Cal Negotiated Rates  Medi-Cal Negotiated Rates  Medi-Cal Costs  Medi-Cal Negotiated Rates  Medi-Cal Costs  Medi-Cal Negotiated Rates  Medi-Cal Negotiated Rates  Medi-Cal Negotiated Rates  Medi-Cal Negotiated Rates  Medi-Cal Costs  Medi-Cal Costs  Medi-Cal Negotiated Rates  Medi-Cal Negotiated Rates  Medicare/Medi-Cal Crossover SMA Upper Limits  Medicare/Medi-Cal Crossover Negotiated Rates  Enhanced SD/MC SMA Upper Limits  Enhanced SD/MC SMA Upper Limits  Enhanced SD/MC Negotiated Rates  Enhanced SD/MC Negotiated Rates  Enhanced SD/MC (Refugees) SMA Upper Limits  Enhanced SD/MC (Refugees) Negotiated Rates  Enhanced SD/MC (Refugees) Negotiated Rates	Legal Entity: Number: 00044   Mode: 15 - Outpatient (Program 2)	Legal Entity: SANTA CRUZ COUNTY   Bervice   Mode: 15 - Outpatient (Program 2)   Function	Legal Entity: SANTA CRUZ COUNTY   BI Entity Number: 00044   Service   Service   Mode: 15 - Outpatient (Program 2)   Function	Legal Entity: SANTA CRUZ COUNTY   H   1   Jal Entity Number: 00044   Service   Service   Service   Service   Mode: 15 - Outpatient (Program 2)   Function   40   40   40   40   40   40   40   4	Legal Entity: SANTA CRUZ COUNTY   H   1	Legal Entity: SANTA CRUZ COUNTY   H	Legal Entity Namins (20044   Service   Servi

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

**DETAIL COST REPORT** 

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY County Code: 44

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	Legal Entity: SANTA CRUZ COUNTY Legal Entity Number: 00044 Mode: 45 - Outreach		В	C	D	Ē	F Service Function	G
Le			Service	Service	Service	Service		Service
			Function	Function	Function	Function		Function_
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		5,471					<u> </u>
3	Gross Cost	246,144	246,144					
4	Cost per Unit		44.99	<u> 2000-10-45</u>			111,11,111,111,111,111,111,111	
5	Non-Medi-Cal Units		5,471				101 102 103 103 103 103 103 103 103 103 103 103	
6	Non-Medi-Cal Costs	246,144	246,144	<u> </u>				

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY

County Code: 44 MAA MAA MAA MAA MAA

	Legal Entity: SANTA CRUZ COUNTY	Α	В	С	D	E	F_	G
Le	egal Entity Number: 00044		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
		□	01	04	11	31		
1	Allocation Percentage	100.00%	53.35%	0.08%	5.67%	40.89%		
2	Total Units		75,870	120	8,064	58,150		
3	Total Expenditures	102,200	54,527	86	5,795	41,792		
4	Cost per Unit		0.72	0.72	0.72	0.72		111 1214 1.41
5	Non-Medi-Cal Costs	8,486						

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

**DETAIL COST REPORT** 

County: SANTA CRUZ COUNTY

County Code: 44

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CR Legal Entity: SANTA CRUZ COUNTY C Ε G В D Α Legal Entity Number: 00044 Service Service Service Service Service Service Mode: 60 - Support Function Function Function Mode Total Function Function Function 20 30 40 60 Allocation Percentage 22.02% 100.00% 10.22% 17.98% 49.79% Total Units 2.420 2.963 1,375 6.701 Gross Cost 807,540 82,500 145,200 402,040 177,800 Cost per Unit 60.00 60.00 60.00 60.01 Non-Medi-Cal Units (Same as Line 2) 1.375 2,420 6,701 2,963 Non-Medi-Cal Costs (Same as Line 3) 402,040 177,800 807,540 82,500 145,200

DETAIL ST REPORT

DEPARTMENT OF MENTAL HEA

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

	County: SANTA CRUZ COUNTY County Code: 44				DEIMBURG	EMENT TYPE	P.C	1	Contra		i	Canta	
	Legal Entity: SANTA CRUZ COUNTY			В	REIMBURS	EMENT TYPE	PC E	F	<u>Costs</u>	н		Costs	<u>_</u>
Lega	al Entity Number. 00044					<u> </u>	Total	<del>                                     </del>			Total		Total
				Mode 55		Total	Inpatient	<u> </u>			Outpatient		Outpatient
			S F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	MAA	Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude Program (2)	Mode 15 Program (2)	(Col I + Col J)
1	Medi-Cal Costs	07/01/02 - 09/30/02	3 7.8 01.09	31-39	3.F. \$ 21-23		поврна	Other	393,040	1,722,708	2,115,747	141,114	2,256,861
1A	Medi-Cai Cosis	10/01/02 - 06/30/03							1,274,118	6,231,022	7,505,140	304,906	7,810,046
2	Medi-Cal SMA	07/01/02 - 09/30/02	<u> Haddalan</u>						250,669	2,356,874	2,607,544	241,407	2,848,951
2A 3	<del></del> .	10/01/02 - 06/30/03 07/01/02 - 09/30/02	[1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2						633,211 275,115	8,572,775 2,584,324	9,205,986 2,859,439	679,806	9,885,793 2,859,439
3A	Medi-Cal P. C.	10/01/02 - 06/30/03						<del>                                     </del>	694,926	9,400,244	10,095,170		10,095,170
4	Medi-Cal N. R.	07/01/02 - 09/30/02					_						
4A		10/01/02 - 06/30/03						1 101010101 2010			7 7 1 1 1 1 1 1 1 1 1 1 1		Creation of the con-
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02				garantii ter			393,040	1,722,708	2,115,747	141,114	2,256,861
5A	to a state of the same of the same of the same state of the same s	10/01/02 - 06/30/03							1,274,118	6,231,022	7,505,140	304,906	7,810,046
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								4,698	4,698		4,698
6A 7	<del></del>	07/01/02 - 06/30/03								6,489	6,489		6,489
7A	Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03	121 121 121 12 12 12					<del>                                     </del>		7,148 9,872	7,148 9,872		7,148 9,872
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								7,838	7,838	84 (1.04.04.66)	7,838
8A		10/01/02 - 06/30/03								10,825	10,825		10,825
9 9A	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						<del>                                     </del>		<del>                                     </del>			<del> </del>
	<u> </u>						0.11100,04404	22.17.2.2.22	<u> </u>	<u> </u>			
10 10A	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	10,1,0,0,0,0,0					<del>                                     </del>		4,698 6.489	4,698 6,489		4,698 6,489
10000	<u> </u>	<u> Participal de la constanta de</u>								6,489			
11 11A	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						-	393,040 1,274,118	1,727,406 6,237,511	2,120,445 7,511,629	141,114 304,906	2,261,559 7,816,534
	<u></u>	and the second s	1				<u> </u>		1,2/4,110	0,231,311	1,029		
12 12A	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03						+		191	191	556 2,686	556 2,877
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02										1,231	1,231
13A	C.I.I.S. GOLDON (CONDINA) SMA	10/01/02 - 06/30/03								409	409	6,156	6,565
14 14A	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	Parising Profession					<del>                                     </del>		449	449		449
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02						1		443			
15A	Ennanced String (Children) N. R.	10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02	The state of the s				,.,,.,		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			556	556
16A	Elimanos domino (Olimanon) Gross Raini.	10/01/02 - 06/30/03								191	191	2,586	2,877
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
19 20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03	14141734174414141										
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							202.040	4 707 406	2 402 445	141.660	2.052.115
21A	(Excludes Refugees)	10/01/02 - 06/30/03					-		393,040 1,274,118		2,120,445 7,511,820	141,669 307,591	2,262,115 7,819,411
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03							1,2,4,110	0,207,102	1,511,020	507,557	7,515,411
23	Hardaha Faratta Onda	07/01/02 - 09/30/02					<u> </u>	1	212 5 5 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10,637	10,637	7,7, 1, 1, 1, 1	10,637
23A	Healthy Families Cost	10/01/02 - 06/30/03							59,949	92,061	152,010	8,288	160,297
24	Healthy Families SMA	07/01/02 - 09/30/02								15,280	15,280		15,280
24A		10/01/02 - 06/30/03	100 100 100 100 100 100 100 100 100 100	pedalakiakiaki Listatiakiakiak			<del></del>	+	29,304	122,360 16,756	151,664 16,756	6,430	158,094 16,756
25 25A	Healthy Families P. C.	10/01/02 - 06/30/03		<del>                                     </del>				+	32,160		166,328		166,328
26 26A	Heelthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 05/30/03			Little in the little				2021 2010 00	1	7777 141 141 1		
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02								10,637	10,637		10,637
27A	Less: Patient and Other Payor Revenues	10/01/02 - 06/30/03			perenderi bid Bidan istori		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Her valence of	59,949	92,061	152,010	8,288	160,297
28		07/01/02 - 09/30/02					<u>katatatatisis s</u>	apar addition (c	2,961	21,046	24,007	F11.1.1.1.100000	24,007
28A	SD/MC + Crossover Revenues	10/01/02 - 06/30/03			la salahini				2,361	59,784	59,784	<del>                                     </del>	59,784
29	Enhanced SD/MC (Children) Revenues Enhanced SD/MC (Refugees) Revenues		. Periodone		la contribute								
30	Enhanced SD/MC (Refugees) Revenues Healthy Families Revenues			<u> Paradalandalah</u>	<u> Pirangana</u>			-	<del> </del>	-	<u> </u>	<del></del>	+
	to a later and a second control of a target and the target and target	granatan ar jaka natara		<del>                                      </del>	<del>programii</del>	111111		1		· · · · · · · · · · · · · · · · · · ·			
32 33	Total Expenditures from MAA (Mode 55) Medi-Cal Eligibility Factor (Average)		54,613	47,587	17%	102,200							<del>                                     </del>
34	Revenue - MAA				In a service			#					<del>                                      </del>
Ш		07/01/02 - 09/30/02	64.640	39,101		02.744		4 111 111	200.070	1 706 360	2.096.438	141,669	2,238,108
35 35A	Net Due - SD/MC for Direct Services	10/01/02 - 06/30/03	54,613	39,101	7 11 11 13 13 13 13	93,714	-	+	390,079 1,274,118	1,706,360 6,177,918	7,452,036	307,591	7,759,627
36 37	Net Due - Enhanced SD/MC (Refugees)		11 11 11 11 11	delining in	11,111111111				.,,,,,,				
37 37A	Net Due - Healthy Families	07/01/02 - 09/30/02 10/01/02 - 06/30/03				1 1 1 1 1 1 1		1	700-	10,537	10,637	l——	10,637 160,297
3/A		10/01/02 - 06/30/03						<u> </u>	59,949	92,061	152,010	8,288	150,297
<u></u>	Amount Negotiated Rates Exceed Costs	T07/01/02 00/20/02		1									
120	SD/MC (Includes Children)	07/01/02 - 09/30/02		<del>                                      </del>	<u> 14.44, 14.141</u>	بسيستنبه		+	——	+	<del></del>	<del>                                      </del>	<del> </del>
38 38A		(10/01/02 - 06/30/03	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				.l		1	1			
38 38A 39 40	Enhanced SD/MC (Refugees)	10/01/02 - 06/30/03											

### **DEPARTMENT OF MENTAL HEALTH**

### **DETAIL COST REPORT**

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

**Fiscal Year 2002-2003** 

County: SANTA CRUZ COUNTY

County Code: 44

Legal Entity: SANTA CRUZ COUNTY

Legal Entity Number: 00044	Α	В	С	D	E	F	
Data Type	Net Dire	ct Costs	FF	P	Effective FFP%		
Data Type	(Gross Reim. C	osts - Revenue)	Doll	ars			
Source	MH1	970s	MH1	970s	Calcu	lated	
	Column N	Column Q	Column R	Column U	Calco		
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)							
2 05 - Other 24 Hour Services (All Other SFC)						5 9 4M-915AFC	
3 10 - Day Services	390,079	1,274,118	200,500	658,048			
4 15 - Outpatient (Program 1)	1,706,360	6,177,727	877,069	3,183,843		はまなが多い	
5 15 - Outpatient (Program 2)	141,114	304,906	72,532	156,731		A THE STATE OF	
6 Totals	2,237,552	7,756,750	1,150,102	3,998,622		4 3 HW	
7 Totals from MH1979	2,237,552	7,756,750	1,150,102	3,998,622			
8 Effective SD/MC FFP %					51.40%	51.55%	

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH DETAIL COST REPORT

## SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY County Code: 44			·	·			FFP % Source: MH1978 E8	FFP % Source: MH1978 F8		<del>-</del>	
Legal Entity: SANTA CRUZ COUNTY		Α	B	С	D	E	F	G	Н	1	J
Legal Entity Number: 00044		Total MAA	Total	Total	Total	50% FFP	51.40% FFP	51.55% FFP	Variable %	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)	MAA	Inpatient	Outpatient	iotai						
1 County SD/MC Direct Service Gross Reimburse			12-1-1-1-1-1-1-1	10.081,526	10.081.526						
2 Contract Provider Medi-Cal Direct Service Gross			1,059,584	7,694,404	8,753,988						
3 Total Medi-Cal Direct Service Gross Reimburser					18,835,514						
4 Medi-Cal Administrative Reimbursement Limit					2,825,327						
5 Medi-Cal Administration					2,580,992						
6 Medi-Cal Administrative Reimbursement					2,580,992	1,290,496					1,290,496
Healthy Families Administrative Reimbursement	(County Only)										
7 County Healthy Families Direct Service Gross Re			<u>letetitatetatetateta e</u> ta	267,351	267,351						
8 Healthy Families Administrative Reimbursement	Limit				26,735						
9 Healthy Families Administration					60,567						
10 Healthy Families Administrative Reimbursement					26,735				17,445		17,445
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	·	54,613			54,613	27,307					27,307
12 Medi-Cal Admin. Activities Svc Functions 11 - 19	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39				39,101	19,551					19,551
13 Medi-Cal Admin. Activities Svc Functions 21 - 29	(County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (	County Only)				523,218					392,414	392,414
15 Other SD/MC Utilization Review (County Only)	<u> </u>				223,735	111,868					111,868
	07/04/00 00/00/00			2 227 662	<u> Proposition de la production de la company /u>		1.150.103				1,150,102
16   SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02 10/01/02 - 06/30/03			2,237,552 7,756,750	2,237,552 7,756,750		1,150,102	3,998,622			3,998,622
17	07/01/02 - 09/30/02			7,736,750	556			3,976,022	367		3,778,022
17A Enhanced SD/MC Net Reimb. (Children)	10/01/02 - 06/30/03			2.877	2.877				1.870		1.870
18 Enhanced SD/MC Net Reimb. (Refugees)	10/01/02 00/05/00				2,677				1,0,0		.,,,,,
19 Total SD/MC Reimbursement Before Excess FF	<u></u>										6.992.595
20 Amount Negotiated Rates Exceed Costs - SD/M			<u> </u>								0,992,393
21 Total SD/MC Reimbursement (FFP)	C & ETIH. SUTIVIC										6,992,595
Contract Limitation Adjustment											0,772,375
23 Adjusted Total SD/MC Reimbursement (FFP)											6,992,595
	07/04/02 00/20/20			1000					70.0		radia bid a pilatan
24   Healthy Families Net Reimbursement	07/01/02 - 09/30/02 10/01/02 - 06/30/03			10,637	10,637				7,019		7,019
25 Total Healthy Families Reimbursement Before E			। सिन्द्री स्टाप्टिस्टिसिन विस्	160,297	160,297				104,193		128,656
26 Amount Negotiated Rates Exceed Costs - Health					<u>, establishing tali, dadi</u>				Parista II ali da 1	<del>                                     </del>	128,030
27 Total Healthy Families Reimbursement	y rannies		18 10 0 0 14 Table 14	100 to 100 to 100 to							128,656
27   Otal Fleatiny Fairnies Reinibulsement			<u> </u>		<u> </u>	Filt tetebrings of public	<u> na asstolas</u>	<u> Hanga at Histo</u>	<u> 16. 16. a </u>	فنست للتا	128,000